

In re Application of Koji Kawai et al.

Serial No.: 10/520,809

Filed: January 10, 2005

For: THERAPEUTIC OR PREVENTIVE AGENT FOR NAUSEA/VOMITING

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:


A response to the outstanding official action in the above-identified application is enclosed.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- ☒ This is a Petition for an Extension of Time for the period noted below, as well as for any additional period necessary to render this submission timely.
- ☐ No additional fee is required.

					SMALL ENTITY		OTHER THAN SMALL ENTITY	
TIME EXTENSION PETITION FEE			No. of month(s) 2		\$0.00		\$460.00	
Subtract time extension fee previously paid			No. of month(s)		(\$0.00)		(\$0.00)	
TOTAL EXTENSION FEE DUE					\$0.00		\$460.00	
CLAIM FEE	CLAIM(S) REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIM(S) PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	4	MINUS	20	= 0	x 25=	\$	x 50=	\$ 0
INDEPENDENT	1	MINUS	3	= 0	x 100=	\$	x 200=	\$ 0
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM(S)				+ 180=	\$	+ 360=	\$ 0
					TOTAL	\$	TOTAL	\$460.00

- ☒ Please charge Deposit Account No. 50-2719 in the amount of \$ 460.00. (2 mo. Ext. Fee)
- ☐ A check in the amount of _____ is attached.
- ☒ The Commissioner is authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,


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